

2819

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGES should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Maricopa</u>	State <u>ARIZONA</u>
Township _____		or Village _____	
City <u>Phoenix</u>		No. <u>St. Joseph's Hospital</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurred <u>51</u> yrs. _____ mos. _____ ds.		How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.	
2. FULL NAME <u>Theodore J. Noack</u>		How long in State when death occurred <u>51</u> yrs. _____ mos. _____ ds.	
(a) Residence: No. <u>Rt. 9 Box 242</u>		St. _____ Ward _____	
(Usual place of abode)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>	
5a. If married, widowed, or divorced			
HUSBAND of <u>Julia Noack</u> (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>July 4, 1881</u>			
7. AGE	Years	Months	Days
<u>56</u>	<u>5</u>	<u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
	10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) <u>Cleveland, Ohio</u> (State or Country)			
FATHER	13. NAME <u>F. P. Noack</u>		
	14. BIRTHPLACE (city or town) <u>Not Known</u> (State or Country)		
	15. MAIDEN NAME _____		
	16. BIRTHPLACE (city or town) _____ (State or Country)		
MOTHER	17. INFORMANT <u>Fred L. Ivall</u> (Address) <u>2517 North 14th Street</u>		
	18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> <u>St. Francis Cemetery</u> Date <u>12.17.37</u>		
19. EMBALMER		License No. <u>36</u>	
FUNERAL DIRECTOR		Signature <u>J. T. Whitney</u>	
Address <u>Phoenix, Arizona</u>		20. Filed <u>12/17/37</u> 19 <u>James T. Johnson</u> Registrar	
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Dec. 16, 1937</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 8, 1937</u> to <u>Dec. 16, 1937</u>			
I last saw him alive on <u>Dec. 15, 1937</u> ; death is said to have occurred on the date stated above, at <u>1:12-4 P. M.</u>			
The principal cause of death and related causes of importance were as follows: <u>Pneumonia</u> <u>Rt. Lobar</u> Date of Onset <u>12/6/37</u>			
Other contributory causes of importance: <u>Age</u>			
Name of operation _____ Date of _____			
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury _____ Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>			
If so, specify _____ (Signed) <u>J. E. Prange</u> M. D. (Address) <u>Phoenix, Ariz.</u>			